IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: :
TSUKAMOTO et al.   : Examiner: Edward H. Tso
               :
Serial No.: 10/718,927   : Art Unit: 2838
               :
Filed: November 19, 2003   :
               :
For: IMPLANTABLE MEDICAL :
    POWER MODULE   :

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND REQUEST FOR RECONSIDERATION

This communication is in response to the Office Action mailed October 20, 2004.

FEE TRANSMITTAL

Attorney Docket No.	Q147-US2
First Named Inventor:	Hisashi Tsukamoto et al.
Application Number	10/718,927
Filing Date:	November 19, 2003
Examiner Name:	Edward H. Tso
Group/Art Unit:	2838

TOTAL AMOUNT OF PAYMENT:	$ 000.00
METHOD OF PAYMENT (check One)	1. __X__ The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC __X__. Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. __ Payment Enclosed: __ Check ____ Money Order Other – Credit Card

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	$ 300.00	$150.00	$ .00
Total Claims	30 – 70 =	0	X $ 50.00	X $ 25.00	$ .00
Independent Claims	4 - 7 =	0	X $ 200.00	X $ 100.00	$ .00
Multiple Dependent Claim(s) (if applicable)			$ 360.00	$180.00	$ .00
			Total of above Calculations =		$ .00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	$ 200.00	$ 100.00	$ 000.00
Reissue filing fee	$ 300.00	$ 150.00	$ 0.00
Provisional filing fee	$ 200.00	$ 100.00	$ 00.00
	Total of above Calculations =		$ 00.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	$	$	$
	$	$	$
	$	$	$
	$	$	$
		TOTAL:	$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	2/15/2005

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/718,927
Filing Date	November 19, 2003
First Named Inventor	Hisashi Tsukamoto et al.
Group Art Unit	2838
Examiner Name	Edward Tso

Total Number of Pages in This Submission		Attorney Docket Number	Q147-US2

ENCLOSURES *(check all that apply)*

x Fee Transmittal Form	Assignment Papers *(for an Application)*	After Allowance Communication to Group
x Fee Authorized	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
X Amendment	Licensing-related Papers	Appeal Communication to Group *(Appeal Notice, Brief, Reply Brief)*
After Final	Petition to Covert to a Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) *(please identify below):*
Express Abandonment Request	Request for Refund	
Information Disclosure Statement	CD, Number of CD(s) _____	
	Remarks	
Certified Copy of Priority Document(s)		
Response to Missing Parts/ Incomplete Application		
Response to Missing Parts under 37 CFR 1.52 or 1.53		

Customer Number or Bar Code Label	31815
	(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: _____2/15/2005_____

By: _____

Phone: (818) 833-2014
Fax: (818) 833-2065

Travis Dodd
Attorneys for Applicant(s)
P.O. Box 923127
Sylmar, CA 91392-3127

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: _____

Typed or printed name	TRAVIS DODD		
Signature		Date	

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hisashi Tsukamoto et al.

Serial No: 10/718,927

Filed: November 19, 2003

For: IMPLANTABLE MEDICAL POWER
MODULE

Art Unit: 2838

Examiner: Edward H. Tso

CERTIFICATE OF MAILING
VIA FIRST CLASS MAIL (37 CFR 1.8)
Dated: February 15, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that the following attached documents are being deposited with the United States Postal Service as first class mail under 37 CFR 1.8 on the date indicated above and are addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1.   Transmittal Letter
2.   Fee Transmittal Letter (in duplicate)
3.   Amendment and Request for Reconsideration
4.   Self addressed stamped postcard

February 15, 2005
Date of Deposit

Lisa K. Robbins
Name of Person Mailing paper or fee

Signature

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20=	* 0
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X$ 9=		OR	X$18=	
X43=	43.00	OR	X86=	
+145=		OR	+290=	
TOTAL	428.	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If th entry in column 1 is less than the ntry in column 2, write "0" in column 3.
** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X$ 9=		OR	X$18=	
X43=	43.	OR	X86=	
+145=		OR	+290=	
TOTAL	428.	OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	20	Minus	**	=
Independent	4	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

		OR		
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

		OR		
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number 70/18920

CLAIMS AS FILED – PART I

	(Column 1)	(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))				$.395	OR		$790.00
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*	X $25=		OR	X $50=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*	X $100		OR	X $200	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $180		OR	+ $360	
			TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus **	=	X $25 =		OR	X $50=	
Independent (37 CFR 1.16(b))	*	Minus ***	=	X $100=		OR	X $200=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ $180=		OR	+ $360=	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	30	Minus ** 20	= 10	X $25=	250	OR	X $50=	
Independent (37 CFR 1.16(b))	4	Minus *** 4	=	X $100		OR	X $200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ $180		OR	+ $360	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus **	=	X $25=		OR	X $50 =	
Independent (37 CFR 1.16(b))	*	Minus ***	=	X $100		OR	X $200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ $180		OR	+ $360	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.